

**Testimony of Earl J. Reisdorff, M.D.  
Executive Director  
American Board of Emergency Medicine**

**In Opposition to State of Michigan House Bill 4135**

Chairman Vaupel and Distinguished Committee Members, thank you for giving me this opportunity to speak to you. My name is Earl Reisdorff, I am a board-certified emergency physician and the Executive Director of the American Board of Emergency Medicine. I speak in opposition to House Bill 4135.

The American Board of Emergency Medicine or "ABEM" is a made-in-Michigan product. Organized Emergency Medicine had its start here in Lansing in the late 1960s. ABEM began in East Lansing with the help of Michigan State University and ABEM remains a Michigan small business.

Board certification has been around for about 100 years and recertification requirements for many boards have been around for decades. When Emergency Medicine first became a specialty in 1979, it required recertification every 10 years—ABEM still does. It does because recertification assures the public—who can't pick their emergency physician—that an ABEM-certified physician is maintaining cognitive skills and remaining current with the rapid advances in the care of the acutely ill and injured.

It's unfortunate, but research shows that certain physician competencies decline over time; I wish it wasn't so. What research also shows is that physicians are poor at identifying areas for their own improvement. The more confident we are, the more likely we are to be wrong. Too often, doctors, like others, don't know what we don't know.

Given the importance of public safety and the high stakes of patient care, it is important for physicians to be episodically assessed throughout their careers. Giving a physician a lifetime certificate that suggests quality and competency misleads the public. That's why certification must be time-limited and physicians required to demonstrate how well they've been keeping up.

The annual cost of maintaining certification (MOC) is about \$250-\$300 annually paid to the certifying boards (typically < 0.1% of a physician's total compensation). Additional expenses are either due to voluntary review courses (if the physician has not been keeping up on medical advances) or physicians assigning a monetary value to the time they spend doing something. However, this time spent keeping up is not recognized as a legitimate business expense. More importantly, don't just take my word . . . the American Medical Association, in their Continuing Medical Education Report (2-A-15) last year, quoted \$300 as the actual costs of MOC and stated that *"the participation fee is in line with or, in some cases, significantly less than similar fees paid by other professionals, such as lawyers, pilots, and accountants."*

The research that supports MOC is growing by the day. I know your offices received handouts that listed recent research that highlights the favorable impact of MOC on the clinical care of patients. Please take the time to look at it. It's an impressive list.

Again, the AMA acknowledges that studies published in the past year "support the value of MOC and demonstrate how new assessment models and practice improvement activities have resulted in improved quality and patient care as well as physician satisfaction." Moreover, the

AMA has stated that "The MOC program is based on sound theoretical rationale, and evidence supports the components of MOC."

Board certification is the most valuable and prestigious professional credential a physician can achieve. It is valued by physicians, the public, and payers. By its very nature, it cannot become a lifetime guarantee of quality. Just as the State of Michigan requires renewal of a medical license every three years, certification should be a renewable credential. The public agrees with this notion of required renewal. A recent Harris Poll concluded that the public overwhelmingly believes that physicians should be periodically assessed.

Ultimately, what House Bill 4135 would do is deny one of the most reliable and validated indicators of quality from being used. We *should* be rewarding physicians in this state who go the extra mile. This bill would withhold rewarding excellence. It would weaken the most valued professional credential a physician could obtain.

So on behalf of the 41 Michigan citizens who work at the ABEM offices in East Lansing, on behalf of our 500 volunteers (of whom 43 reside in Michigan), and our 35,000 ABEM-certified emergency physicians working night and day across our nation, please do not support House Bill 4135.

#### **Abbreviations Used in This Statement**

ABEM: American Board of Emergency Medicine  
AMA: American Medical Association  
MOC: Maintenance of Certification